



East Lansing
Veterinary Clinic

New Client/New Patient Form

Thank you for choosing East Lansing Veterinary Clinic for your pet's care. We look forward to working with you and caring for your furry family members. If you are new to us, please complete the form entirely. If you are an existing client but have recently added a new pet.

OWNER INFORMATION

Full Name - Must Be 18 Years or Older *

First Name Last Name

Are You A New Client To Us? *

Yes

No

If No, but need to update your address, please complete below

Have you already paid your New Client Deposit Directly Through Our Office?

Yes

No

Address *

Street Address

Street Address Line 2

Phone Number *

Area Code

Phone Number

E-mail

example@example.com

Secondary Owner's Name

First Name

Last Name

Phone Number

Area Code

Phone Number

Is This Person Authorized To Make Medical And Financial Decisions For Your Pet(s)?

Yes

No

How did you hear about us?

Other

PET INFORMATION

Pet #1

Pet's Name *

Pet's Age *

Pet's Date Of Birth (If Known)



Month Day Year

Species *

Other Species Type

Breed *

Sex *

Is Your Pet Already Spayed/Neutered? *

Yes

No

Description/Color *

Does Your Pet Have Any Medical Conditions or Major Surgeries We Should Be Aware Of?

Do You Have Any Prior Vaccine and/or Medical History For Your Pet? *

Yes

No

Please call my prior vet for history

Prior Vet Clinic Name

Vet Phone Number

Area Code

Phone Number

Do You Currently Have An Appointment Scheduled? (Please note, requests on PetDesk are not considered scheduled unless they are confirmed)

Yes

No

Date And Time Of Confirmed Appointment



Month

Day

Year

Hour

Minutes

Would You Like To Add More Pets?

Yes

No

Pet #2

Pet's Name

Pet's Age

Pet's Date Of Birth (If Known)



Month Day Year

Species

Breed

Other Species Type

Sex

Is Your Pet Already Spayed/Neutered?

Yes

No

Description/Color

Does Your Pet Have Any Medical Conditions or Major Surgeries We Should Be Aware Of?

Do You Have Any Prior Vaccine and/or Medical History For Your Pet?

Yes

No

Please call my prior vet for history

Prior Vet Clinic Name

Prior Vet Phone Number

Area Code

Phone Number

We like to post pictures to our social media pages. Please indicate if you are allowing us to post pictures of your pet(s). Please note, no last names will be used to protect your privacy. We will also not post any photos if your pet is ill. *

Yes!

No, please do not post

POLICIES

FINANCIAL POLICY

Our office accepts AMEX, Discover, Google/Apple Pay, Visa, Mastercard and CareCredit, along with cash and checks. Full Payment is due at the time of service. Clients with payment concerns are asked to speak to a team member before their exam. We are happy to discuss all charges and provide a written estimate for care prior to services. We offer 6 months, deferred interest financing via CareCredit for clients in need of a credit plan. No other payment plans are offered at this time.

CLINIC POLICIES:

1. *Cancellation Policy - Please provide at least 24 hours notice for cancelling any appointment as this allows us to fill your reserved spot with another pet that is in need of our services. We understand that emergencies do arise on occasion and cancellations need to be made at the last minute. The first appointment missed is a courtesy waiver of our fee. A second missed appointment warrants a \$48 fee assessed per scheduled pet. This fee must be paid in full prior to any future services/products being rendered. This policy does not include the New Client Deposit. The New Client Deposits are non-refundable without 24 hours cancellation notice.*

2. *Prescription Policy - We do not work directly with third-party pharmacies such as Chewy, 1-800-PetMeds, etc. due to the time it takes our staff to process these orders and prescription errors made by these pharmacies. If you would like to utilize one of these pharmacies we will gladly provide you with a written prescription that you can mail to the pharmacy of your choice. If a written prescription is requested outside of an appointment time, we require 24 hours notice. We also require an active annual Pharmacy Release Signature on file. You are also welcome to use VetsFirstChoice, our online pharmacy. We will process these scripts electronically for your convenience. We do not offer written scripts with appointments, we opt for filling medications in house as a first option as this allows us to quickly and correctly fill your pet's medications. It is the owner's responsibility to request a written prescription if desired.*

3. *Return Policy - Legally we cannot accept any returns on any medication once it leaves our building. We can accept returns on Prescription Pet Foods. If your pet has medical issues with prescriptions you have taken home, please contact our office immediately for us to address these with you. It is the owner's responsibility to review invoices and address concerns with a team member prior to leaving.*

Your signature below indicates your agreement with our policies and acceptance of all financial and medical responsibilities for above listed pets.